

No. 2
12-45
17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 22 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19450

State File No. _____
Registrar's No. 4865

Registration District No. 318

Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ALEXIAN BROTHERS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 17
(d) Street No. 3681 MEREE AV. 9
(If rural, give location)
(e) Citizen of foreign country? 17 (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME ANTHONY M. VAGEDES
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race W
6. (a) Single, widowed, married, divorced, WIDOWER
6. (b) Name of husband or wife JOSEPHINE VAGEDES
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MARCH 29 1868
(Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 14 If less than one day hr. min.

9. Birthplace OHIO (City, town, or county) (State or foreign country)

10. Usual occupation NIL

11. Industry or business _____

MOTHER FATHER

12. Name FRANK VAGEDES, 1

13. Birthplace OHIO (City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH UNKNOWN (City, town, or county) (State or foreign country)

15. Birthplace OHIO (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Laura Schwarz

(b) Address 3681 Meree Av

17. (a) BURIAL (b) Date thereof MAY 16-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OLD S.S. P. & P. CEM.

18. (a) Signature of funeral director E. J. Schmus

(b) Address 3125 Lafayette Av
MAY 14 1947

19. (Date received local registrar) J. F. Bredenk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13 year 1947 hour 4 minute 20 A.M.

21. I hereby certify that I attended the deceased from November 11, 1946, to May 13, 1947 that I last saw him alive on May 12, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Coronary Thrombosis 6 days
Due to Myocarditis (chronic) and Hypertension 17 months

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____ PHYSICIAN _____ Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? (e) Means of injury 0

23. Signature St. Louis Schmutz (M. D. or other) Address 2200 Chautau av Date signed 5-14-47

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Joseph B. Hollman

Licensed Embalmer No. *4014*

P. O. Address *3125 Sojuyeto Ave*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.